

**Elderly Commission**  
**Minutes of the 107th Meeting**

Conference Room 3, G/F, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
3 p.m., 16 June 2022 (Thursday)

**Present:**

**Chairman**

Dr LAM Ching-choi, SBS, JP

**Members**

Dr CHAN Chi-kau, Johnnie Casire, SBS, JP

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHUA Hoi-wai, JP

Dr HUI Elsie

Prof LAM Chiu-wa, Linda

Mr LAU Tat-chuen

Ms LI Fai, Grace

Mr LIT Hoo-yin, Horace

Dr LOU Wei-qun, Vivian

Dr LUK Ka-hay, James

Mr MA Heng, Theodore

Mr SIU King-wai, Kyrus

Ms WONG Chor-kei, Macy

Ms LAU Yim, Alice, JP

Mr LEUNG Chung-tai, Gordon, JP

Mr FUNG Pan-chung, Chris

Dr LAM Chau-kuen, Yonnie

Mrs TANG FUNG Shuk-yin

Dr HA King-hang, Tony

Permanent Secretary for Labour and Welfare

Director of Social Welfare

Principal Assistant Secretary for Food and Health  
(Health) 3

Assistant Director of Health (Elderly Health)

Assistant Director of Housing (Estate  
Management) 1

Chief Manager (Primary and Community  
Services), Hospital Authority

**In attendance:**

Ms KWOK Wai-ling, Polly, JP	Deputy Secretary for Labour and Welfare (Welfare) 2
Ms LAW Lai-tan, Linda	Principal Assistant Secretary for Labour and Welfare (Welfare) 3
Miss YUEN Wai-yin, Amy, JP	Deputy Secretary for Food and Health (Health) 2
Ms KWAN Yu-pik, Shirley	Deputy Secretary for Food and Health (Health) 3
Mr TAN Tick-ye	Assistant Director of Social Welfare (Elderly)
Ms KWAN Shuk-ye, Nancy	Assistant Director of Social Welfare (Licensing and Regulation)
Ms LEE Ngan-chau, Martina	Chief Executive Manager, Labour and Welfare Bureau
Mr LAU Shun-tak	Executive Officer (Welfare) 4, Labour and Welfare Bureau

**Absent with apologies:**

Dr BAI Xue  
Ms YU Chui-ye, BBS, MH

**Secretary**

Ms CHAN Ah-wing, Ivy  
Principal Assistant Secretary for Labour and Welfare (Welfare) 4

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Dr LAM Ching-choi, the Chairman, welcomed all Members to the meeting. In particular, he welcomed Dr LAM Chau-kuen, Yonnie, Assistant Director of Health (Elderly Health) and Ms CHAN Ah-wing, Ivy, Principal Assistant Secretary for Labour and Welfare (Welfare) 4, who were attending for the first time.

2. The Chairman reminded Members to declare potential conflict between their own interests and the matters to be discussed.

**Agenda item 1: Confirmation of the minutes of the 106th meeting**

3. Members did not propose any amendments to the Chinese and English versions of the draft minutes of the 106th meeting issued by the Secretariat on 30 December 2021 and 20 January 2022 respectively. The minutes were confirmed.

## **Agenda item 2: Matters arising**

4. There were no matters arising from the 106th meeting.

## **Agenda item 3: Anti-epidemic work at residential care homes for the elderly**

(Information Paper No. EC/I/01/22)

5. With the aid of a PowerPoint presentation, Ms KWAN Shuk-ye, Nancy, Assistant Director of Social Welfare (Licensing and Regulation), briefed Members on the anti-epidemic work at residential care homes for the elderly (RCHEs) and the relevant measures.

6. After the briefing, the Chairman and Members put forward the following views and questions:

- (a) a Member considered that communication among the Centre for Health Protection (CHP), Hospital Authority (HA) and Social Welfare Department (SWD) was crucial in enhancing support to RCHEs and internal co-ordination within the Government. For example, if a recovered elderly resident was tested positive by a deep throat saliva test, the HA cluster outreach team should be informed of the resident's CT value on a timely basis for deciding on the treatment and follow-up required;
- (b) in case RCHEs were required to implement closed-loop management again in the future, a more flexible approach should be adopted in arranging dedicated vehicles for point-to-point transfer of staff to and from designated hotels;
- (c) the Labour Department's initiative to relax certain requirements on a time-limited basis for RCHEs and residential care homes for persons with disabilities to import care workers under the Supplementary Labour Scheme was welcomed. The number of care workers to be imported would be flexibly approved having regard to the needs of individual residential care homes (RCHs) so as to expedite the processing of applications to address urgent needs;
- (d) the one-stop e-platform launched on 13 June by the SWD in collaboration with the relevant policy bureaux and departments was appreciated. It would facilitate the monitoring of the COVID-19 vaccination and infection situation of all RCHs in the territory and enhance the efficiency of epidemic prevention;
- (e) as antivirals could only achieve the best efficacy if prescribed to confirmed patients within a few days upon testing positive, it was hoped that clearer guidelines would be provided

to private doctors for faster prescription;

- (f) it was hoped that more elderly persons would be encouraged to receive the third dose of vaccination. The actual protection rate should be higher as some elderly persons were previously infected and therefore not yet ready for the third dose;
- (g) a Member was concerned about since the Vaccine Pass' implementation, whether elderly persons awaiting admission to RCHEs had to meet the relevant requirements before they could be admitted;
- (h) a Member was concerned about the mode of operation of the dedicated RCH hotline launched in June, and whether there were sufficient resources to handle a large number of enquiries for supporting RCHs effectively in case of the sixth wave of the epidemic; and
- (i) it was asked whether inspections would be conducted for the ventilation facilities in subvented RCHs apart from those in private RCHs.

7. In response to Members' views and questions, Ms LAU Yim, Alice, Permanent Secretary for Labour and Welfare, Ms CHAN Ah-wing, Ivy, Principal Assistant Secretary for Labour and Welfare (Welfare) 4, Miss YUEN Wai-yin, Amy, Deputy Secretary for Food and Health (Health) 2, Dr LAM Chau-kuen, Yonnie, Assistant Director of Health (Elderly Health), Mr TAN Tick-ye, Assistant Director of Social Welfare (Elderly), Ms KWAN Shuk-ye, Assistant Director of Social Welfare (Licensing and Regulation) and Dr HA King-hang, Tony, Chief Manager (Primary and Community Services) of the HA, gave consolidated responses as follows:

- (a) an inter-departmental task force led by the Labour and Welfare Bureau (LWB) would coordinate the anti-epidemic work involving multiple policy bureaux and departments, including swift consolidation of advice from medical practitioners and RCHs to confirm whether infected residents should be sent to holding centres or treatment facilities upon detection of confirmed cases in RCHs. Regarding assessing CT values, designated personnel at CHP would handle the cases immediately on a one-stop basis. Mobile instant messaging communication groups had been set up between the Department of Health (DH), HA, SWD and Fire Services Department to promptly follow-up on special cases;
- (b) the vaccination rate at RCHs was close to 90% for the first dose, around 75% for the second dose and only about 22% for the third dose. The low vaccination rate for the

third dose was mainly due to the need to deferred vaccination for many RCH residents who were infected during the fifth wave of epidemic. The vaccination rate did not factor out the number of residents unable to be vaccinated for the time being due to previous infection. By including residents' vaccination and infection records, the newly launched one-stop e-platform could facilitate RCHs and visiting medical officers/outreach medical teams in arranging timely vaccination for residents;

- (c) the task force encouraged private doctors participating in the Visiting Medical Practitioner Service for RCHs to register for prescription of antivirals to ensure timely provision of treatment to RCH residents tested positive. While the abovementioned one-stop e-platform had included vaccination and infection information of RCH residents, consideration might be given to also including records of other vaccines and illness history in future, so as to assist RCHs and healthcare professionals in providing appropriate care and treatment for residents;
- (d) under the Vaccine Pass arrangement, all elderly RCH residents, except those with COVID-19 Vaccination Medical Exemption Certificates issued by doctors or admitted for short-term abode, had to meet the requirements of the Vaccine Pass before admission for long-term stay;
- (e) the newly-launched dedicated RCH hotline provided RCHs with an additional means for seeking assistance in case of emergencies. While keeping other help-seeking channels in normal operation, the SWD would suitably adjust its manpower to address the service demand of the hotline in the light of the epidemic development; and
- (f) in addition to supporting private and self-financing RCHs, the SWD had forwarded reports of ventilation assessment conducted by subvented RCHs in 2021 to the Electrical and Mechanical Services Department (EMSD) for review. The SWD would relay EMSD's feedback, if any, to the subvented RCHs concerned for follow-up.

8. The Chairman thanked Members for their views and said that RCHs, having made better preparation, should be able to cope with possible resurgence of epidemic situation in future.

### **Primary healthcare**

9. The Chairman said that Members were highly concerned about primary healthcare as most of its users were elderly persons. The Chairman particularly invited Miss YUEN, Deputy Secretary

for Food and Health (Health) 2, to brief Members on the progress of the Primary Healthcare Development Blueprint.

10. Miss YUEN said that with an ageing population, the public healthcare system was under enormous pressure. The Government expected that the relevant work in respect of primary healthcare would enable a healthier development of the overall healthcare system in the long run. The third District Health Centre (DHC) located in Tuen Mun began service in May, and four other DHCs were expected to commence operation within this year. Together with the smaller-scale interim DHC Express in 11 districts, DHCs/DHC Express could cover all 18 districts across the territory in 2022. Serving as a hub to co-ordinate with non-governmental organisations and healthcare teams in the community, DHCs could enhance public awareness of chronic disease prevention.

11. Miss YUEN added that the Blueprint aimed to develop a district-based and prevention-focused primary healthcare system. DHCs could operate on a district-based, public-private partnership and medical-social collaboration model. The Food and Health Bureau (FHB) would refine the Blueprint by reviewing various aspects including manpower development, level of governance, patient record sharing and financing. Although the Blueprint was already being finalised, it would be more appropriate for the next-term Government to decide on its implementation details given the fundamental issues involved, and further discussion with Members upon the Blueprint's announcement was expected.

#### **Agenda item 4: Supply of enrolled nurses for the welfare sector**

(Information Paper No. EC/I/02/22)

12. Ms LAW Lai-tan, Linda, Principal Assistant Secretary for Labour and Welfare (Welfare) 3, briefed Members on Information Paper No. EC/I/02/22 about the supply of enrolled nurses for the welfare sector.

13. Ms LAW said that with an ageing population in Hong Kong, there had been a persistent shortage of nurses. Considering the competition between the welfare and medical sectors in recruiting nurses, the elderly care sector had been facing challenges of recruiting and retaining nurses for a long time. The SWD had organised the Enrolled Nurse Training Programme for the Welfare Sector since 2006, and had commissioned the Hong Kong Metropolitan University (formerly The Open University of Hong Kong) to provide 200 fully subsidised places per year under the Higher Diploma in Nursing Studies (General Health Care) programme since the 2017/18 academic year. Tuition fees would be fully reimbursed to trainees upon their completion of the training programme and qualification as an Enrolled Nurses (General). The trainees must sign an undertaking to work

as Enrolled Nurses (General) in social welfare organisations (SWOs) for a continuous period of no less than two years after graduation.

14. In view of the continued acute shortage of nurses and to encourage more young people aspiring to be nurses to join the social welfare care sector, Ms LAW said that the SWD was negotiating with the relevant institution for training enrolled nurses to explore the feasibility of increasing training places under the Enrolled Nurse Training Programme for the Welfare Sector. Additional resources would also be sought by SWD to subsidise more training places. According to the training institution, the major bottleneck which hampered the adequate provision of nursing training places was the lack of additional clinical placements at hospitals. According to the guide issued by the Nursing Council of Hong Kong (NCHK), trainees of the Enrolled Nurse (General) stream were required to complete not less than 1 600 hours of clinical practice in total, including 800 hours of medical nursing, 700 hours of surgical nursing and 100 hours of night duty. The clinical training must be conducted in hospitals, or in extended or rehabilitative care facilities attached to or affiliated with hospitals.

15. Ms LAW said that the Government proposed to explore with the NCHK the feasibility of adjusting the clinical practice requirements of the Enrolled Nurse (General) training programmes, with a view to increasing the number of places to be provided through allowing part of clinical practice hours to be conducted in SWOs and suitably reducing the number of clinical practice hours.

16. After the briefing, the Chairman and Members put forward the following views and questions:

- (a) as SWOs (including RCHes) had become one of the major employers of enrolled nurses, the contents of the relevant training programmes should fully meet the needs of SWOs. It was agreed that some clinical practice hours for Enrolled Nurses (General) could be conducted in SWOs;
- (b) the proposed arrangement would not only increase the supply of nurses for the welfare sector but would also provide a progression ladder for young entry-level care workers. It was suggested that provision of courses and assessment to serving health workers as a pathway for becoming enrolled nurses could be considered;
- (c) it was believed that the welfare sector would be attractive enough to retain nurses if continuous improvement was made to the overall working environment of RCHs;
- (d) it was agreed that allocating additional resources to subsidise more training places would help increase the supply of Enrolled Nurses (General); and

- (e) it was agreed that reducing clinical practice hours and allowing some practice hours to be conducted in SWOs (including RCHEs) would increase the number of training places for Enrolled Nurses (General) and enable trainees to enrich their experience by working at SWOs.

17. In response to Members' views and questions, Ms LAU, Permanent Secretary for Labour and Welfare, and Ms KWAN Yu-pik, Shirley, Deputy Secretary for Food and Health (Health) 3, gave consolidated responses as follows:

- (a) regarding the proposal of allowing some clinical practice hours for Enrolled Nurses (General) to be conducted in SWOs, the FHB and LWB had touched base with the NCHK initially. The NCHK was open to the proposal; and
- (b) the NCHK must maintain professional standards on the one hand, and respond to the overall demand for nursing manpower in Hong Kong on the other. One of the main reasons for the current shortfall of training places and manpower shortage in the medical and care sectors was the inadequate supply of clinical placements. The proposal could provide trainees with more practice opportunities in different settings and enable them to gain work experience in SWOs during their practice. Should the proposal be implemented, it would be beneficial to all parties involved.

18. Having consolidated Members' views, the Chairman suggested that the Elderly Commission (EC) should write to the Chairman of the NCHK to express full support for the proposal and looked forward to relevant adjustments by NCHK.

*[Post-meeting note: The letter was sent on 5 July and circulated to EC Members on 13 July.]*

#### **Agenda Item 5: Progress reports by Working Groups and Committee**

##### **Working Group on Elderly Services Programme Plan and Working Group on Ageing in Place**

19. The Chairman said that the Working Group on Elderly Services Programme Plan (WGESPP) had not met since the last EC meeting and its next meeting would be scheduled in due course. The 7th meeting of the Working Group on Ageing in Place (WGAIP) was held in January 2022, at which Members were given a presentation from the Hong Kong Housing Authority and the Hong Kong Housing Society on measures for ageing in place.



## Committee on Elder Academy Development Foundation

20. Ms CHAN, Secretary to the Commission, reported that with the epidemic subsiding, face-to-face courses of elder academies have gradually resumed. Some elder academies were still conducting courses online. The Committee on Elder Academy Development Foundation would keep the situation in view and make corresponding arrangements in a timely manner.

21. The Vetting Sub-committee of the Elder Academy Development Foundation would meet in mid-July this year to assess the first round of funding applications for 2022-23. So far, 29 applications had been received for the current round.

### **Agenda item 6: Any other business**

22. Ms LAU, Permanent Secretary for Labour and Welfare, said that the six-year term of Dr LAM Ching-choi (Chairman) and Dr Vivian LOU (Member) would expire in late July this year. She mentioned that the Chairman had joined the EC since 2003, first as a Member, then as the Vice-Chairman and finally as the Chairman who led the EC. In addition to serving as the EC Chairman, Dr LAM also presided over the WGESPP and the Working Group on Long-term Care (LTC) Model. The two working groups laid an important foundation for enhancing the medium- to long-term planning for elderly services, improving LTC services and upgrading the quality of RCHs.

23. Ms LAU added that professional advice from Dr LOU at EC meetings were most conducive to the work of the Government. Besides, Dr LOU had proactively participated in the discussions of the WGESPP and WGAIP. In particular, the latter provided constructive proposals on the improvement of community support and care services.

24. On behalf of the LWB, Ms LAU thanked Dr LAM for his excellent leadership and Dr LOU for her contribution to the EC, who would certainly continue to take note of and support the future development of elderly services in Hong Kong.

### **Time of adjournment**

25. The meeting was adjourned at 5 p.m.

### **Date of next meeting**

26. Members will be advised of the date of the next meeting in due course.

June 2022